

14th Annual Pure Aloha Fall Festival & Concerts

Retail/ Info. Vendor Application

Silverton Casino Hotel • 3333 Blue Diamond Rd.

Business Name or DBA:			
Contact Person:		Title:	
Address:	City:	State:	Zip:
Email	Main Phone:	Alt. Phone:	
NV Tax ID:		NV Business License #	

Package	Description	Cost
<input type="checkbox"/> Package A	10' x 10' Vendor space includes (1) 10' x 10' Canopy	\$715
<input type="checkbox"/> Package B	10' x 10' Vendor space corner placement includes (1) 10' x 10' Canopy	\$765
<input type="checkbox"/> Package C	10' x 20' Vendor space includes (2) 10' x 10' Canopy's	\$1,224
<input type="checkbox"/> Package D	10' x 20' Vendor space corner placement includes (2) 10' x 10' Canopy's	\$1,274
Fill in the cost of the package you chose		\$

	Cost	Amt.	Total
2' x 8' Banquet Tables	\$20	x	\$
Folding Chairs	\$5	x	\$
Vinyl Sidewall (8' x 10')	\$40	x	\$
Total			\$

	Cost	Total
State of Nevada Business License Fee	\$5	\$
Refundable Cleaning Deposit	\$50	\$50
Any payments made after September 18 th , 2019	\$50	\$
Total		\$

Add Yellow highlighted totals to get the total Cost	\$
*If paying with Credit Card add 4% of total cost	\$

**Please contact us for a credit card authorization form.*

Total Owed \$

Make checks to: Vizzun Entertainment

Mail application to: Vizzun Entertainment, 3871 S. Valley View Blvd #75, Las Vegas, NV 89103

*By signing, you verify that you have read and understand the rules and requirements listed above to be allowed to participate in this event. Any vendors who have not paid in full prior to start of event will not be allowed to participate. Any of the above rules are not followed will result in the forfeiture of your cleaning deposit. There will be **NO REFUNDS** of booth fees in any case, especially of inclement weather, which Vizzun Entertainment has no control of. **All booth purchases are final, and payments are non-refundable.***

Failure to comply with any of the Rules and Regulations either contained herein or later provided to Vendor, either orally or in writing, shall be grounds for immediate termination of the Agreement with no refund.

Print Name: _____ Title: _____

Signature: _____ Date: _____

	/ /19	\$ _____ .____	Cash / Credit Card / Money order / Cashier's check _____
Recd. By:	Date Received	Amount Paid	Type of Payment
			Check #

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List all items that you will be selling

1		6	
2		7	
3		8	
4		9	
5		10	

Electrical Usage

Please list all electrical items and amps used

	Amps		Amps		Amps
1.		2.		3.	
4.		5.		6.	

Total Amps: _____

Please list any special requests or accommodations you may need and the reason why. We make no promises or guarantees that we will be able to accommodate your request.

Office Use Only
